
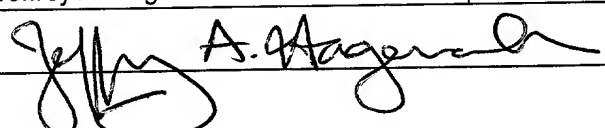


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<b>UTILITY PATENT APPLICATION TRANSMITTAL</b>  (Only for new nonprovisional applications under 37 CFR 1.53(b))		Attorney Docket Number		AMI-011-RC2		
		First Inventor		Burton G. Christensen et al.		
		Title	Methods for Identifying Novel Multimeric Agents that Modulate Receptors			
		Express Mail Label No.		EL 587864045 US		
<b>APPLICATION ELEMENTS</b> See MPEP Chapter 600 concerning Utility Patent Application Contents		<b>ADDRESS TO:</b> US Patent and Trademark Office Box Patent Application Arlington, VA 22202				
1. <input type="checkbox"/> Fee Transmittal Form (PTO/SB/17) (in duplicate for fee processing)		7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or computer program (Appendix)				
2. <input checked="" type="checkbox"/> Applicant claims small entity status (See 37 CFR 1.27)		8. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)				
3. <input checked="" type="checkbox"/> Specification Total Pages <u>302</u> (preferred arrangement set forth below)		a. <input type="checkbox"/> Computer Readable Form (CRF)				
■ Descriptive Title of the invention		b. Specification Sequence Listing on:				
■ Cross Reference to Related Applications		i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or				
■ Statement Regarding Fed Sponsored R & D		ii. <input type="checkbox"/> paper				
■ Reference to Sequence Listing, a table or computer program listing Appendix		c. <input type="checkbox"/> Statements verifying identity of above				
■ Background of the Invention		<b>ACCOMPANYING APPLICATION PARTS</b>				
■ Brief Summary of the Invention		9. <input type="checkbox"/> Assignment Papers (Cover Sheet & Document(s))				
■ Brief Description of the Drawing(s) (if filed)		10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney (when there is an assignee)				
■ Detailed Description		11. <input type="checkbox"/> English Translation Document (if applicable)				
■ Claim(s)		12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <u>      </u> IDS Citations				
■ Abstract of the Disclosure		13. <input type="checkbox"/> Preliminary Amendment				
4. <input checked="" type="checkbox"/> Drawing(s) (35 USC 113) Total Sheets <u>58</u>		14. <input checked="" type="checkbox"/> Return Postcard, specifically itemized (MPEP 503)				
5. Oath or Declaration Total Pages <u>3</u>		15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)				
a. <input checked="" type="checkbox"/> Newly Executed		16. <input type="checkbox"/> Nonpublication Request under 35 USC 122(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.				
b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 18 completed)		17. <input type="checkbox"/> Other				
i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b)						
6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76						
18. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76: <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No: <u>09 / 493,462</u> Prior application information: Examiner: <u>M. Garcia</u> Group/Art Unit: <u>1627</u> For Continuation or Divisional Apps only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts						
<b>19. CORRESPONDENCE ADDRESS</b>						
<input checked="" type="checkbox"/> Customer Number or Bar Code Label  2 7 0 3 8 or <input type="checkbox"/> Correspondence Address below						
NAME		Advanced Medicine, Inc.				
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Signature				Date	December 13, 2001	